



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Subway #24446		Telephone Number 812 949 9056	Date of Inspection (mm/dd/yr) 11/18/19	PERMIT # 19-299
Establishment Address (number and street, city, state, zip code) 2441 (suite 2) skate st. New Albany, IN 47150		Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up no	Release Date 10 days
Owner NAYOSHA			Summary of Violations: C <input checked="" type="radio"/> NC <input checked="" type="radio"/> R <input checked="" type="radio"/>	
Owner's Address			Menu Type (See back of page) 1 2X 3 4 5	
Person in Charge Sam Patel				
Responsible Person's E-mail				
Certified Food Manager Purna Patel 7/1/21				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section#	C/NC	R	Narrative	To Be Corrected By
			No violations.	
Received by (name and title printed):			Inspected by (name and title printed):	
SHAILESH			A.J. Ingram (EHS)	
Received by (signature): SHAI			Inspected by (signature): aj	
cc:		cc:		cc: